

# **DATA SPECIFICATIONS HS/270 - Spend Down & Spend Down Reversals 4010 Standard Format**

**HIPAA - EDI Health Care - Eligibility, Coverage or Benefit Inquiry**

**Version: Final**

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<b>Notes:</b>	<b>POSL: Leased-Line (LL) &amp; POSI: Customer Information Control System - Inter-System Communication (CICS-ISC) Submissions</b>

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# 270 Eligibility, Coverage or Benefit Inquiry

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Functional Group=**HS**

## Guide Updates:

20040623 update: added 2 more routing code options to ISA08, removed 'EDS' & routing code from GS03 & from NM109 in level 2100.

20040902 update: changed CIN to Primary ID in NM109 of Subscriber loop, added 'NQ' to REF01 of Subscriber loop, removed spaces from example on GS08, deleted EQ01 but added EQ02, added explicit decimal point to AMT02, modified the Medi-Cal Note for ISA02, and added some Segment Medi-Cal Notes re. Segment occurrences.

## MEDI-CAL NOTE:

Process all Heading Segments in the exact sequence as they appear on page 3. Process the HL Segment of the first occurrence of the 2000 Loop once for the Information Source-2000A, followed by the NM1 Segment of the 2100 Loop. Next, process the HL Segment of the second occurrence of the 2000 Loop once for the Information Receiver-2000B (Provider), followed by NM1 Segment of the 2100 Loop. Then, process the entire third occurrence of the 2000 Loop for the Subscriber-2000C, followed by the entire 2100 Loop, then the entire 2110 Loop. Finally, process all the Summary Segments in the exact sequence as they appear on page 3.

Important note re. data element separators .. Between the first data element and the second data element (between 'ISA' & ISA01) a data element separator will appear. This is a character which is never used in any of the data fields. For Medi-Cal we use '\*' (asterisk). This first data element separator defines the data element separators used through the entire interchange inquiry. A data element separator will always appear after each data element used, or in place of each data element not used. Exception: no separators are used in place of trailing data elements. Trailing data elements are those which are NOT used and which come between the last data element used and the end of a segment. Also, the last data element used is followed only by a segment terminator (no data element separator).

Important note re. segment terminators .. After the first segment (the ISA Segment) a segment terminator will appear. This is a character which is never used in any of the data fields, and it is different from the data element separator and the component separator (see ISA16). For Medi-Cal we use Hex '0D'. This first segment terminator defines the segment terminators used through the entire interchange inquiry. Segment terminators appear at the end of each segment used. No segment terminator is needed between or in place of segments which are NOT used.

### Heading:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
010	ISA	Interchange Control Header	M	1			Required
020	GS	Functional Group Header	M	1			Required
030	ST	Transaction Set Header	M	1			Required
040	BHT	Beginning of Hierarchical Transaction	M	1			Required

### Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
<b>LOOP ID - 2000</b>					<b>3</b>		
060	HL	Hierarchical Level	M	1			Required
070	TRN	Trace	O	2			Situational
<b>LOOP ID - 2100</b>					<b>1</b>		
090	NM1	Individual or Organizational Name	M	1			Required
100	REF	Reference Identification	O	9			Situational
110	DMG	Demographic Information	O	1			Situational
120	DTP	Date or Time or Period	O	2			Situational
<b>LOOP ID - 2110</b>					<b>1</b>		
140	EQ	Eligibility or Benefit Inquiry	O	1			Situational
150	AMT	Monetary Amount	O	2			Situational

### Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
170	SE	Transaction Set Trailer	M	1			Required
180	GE	Functional Group Trailer	M	1			Required
190	IEA	Interchange Control Trailer	M	1			Required

# ISA Interchange Control Header

Pos: 010	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 16

User Option (Usage): Required

## Comments:

1. The first element separator (an '\*' used in this Guide) defines the element separator to be used through the entire interchange inquiry.
2. The segment terminator (Hex '0D' used in this Guide) used after the ISA defines the segment terminator to be used throughout the entire interchange inquiry.

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

ISA\*03\*.....\*01\*.....\*ZZ\*610442EDS214...\*YYMMDD\*HHMM\*U\*00401\*.....\*0\*P\*~(Hex'0D')

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
ISA01	I01	<b>Authorization Information Qualifier</b> <b>Description:</b> Code to identify the type of information in the Authorization Information. <b>Code Name</b> 03 Additional Data Identification	M	ID	2/2	Required	1
ISA02	I02	<b>Authorization Information</b> <b>Description:</b> Information used for additional identification or authorization of the interchange Sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (ISA01). <b>MEDI-CAL NOTE: Submitters must enter (left justified) their 3-character Submitter ID, followed by their 4-character Software Version Number, and pad with spaces. New Providers call TSC: (800)541-5555, or if out of state: (916)636-1200. Non-Submitters call as well for dummy Submitter ID &amp; Software Version Number.</b>	M	AN	10/10	Required	1
ISA03	I03	<b>Security Information Qualifier</b> <b>Description:</b> Code to identify the type of information in the Security Information. <b>Code Name</b> 01 Password	M	ID	2/2	Required	1
ISA04	I04	<b>Security Information</b> <b>Description:</b> This is used for identifying the security information about the interchange Sender; the type of information is set by the Security Information Qualifier (ISA03). <b>MEDI-CAL NOTE: Submitter PIN / Password, left justify and pad with spaces.</b>	M	AN	10/10	Required	1
ISA05	I05	<b>Interchange ID Qualifier</b> <b>Description:</b> Qualifier to designate the system/method of code structure used to designate the Sender ID element being qualified. This ID qualifies the Sender in ISA06. <b>Code Name</b> ZZ Mutually Defined	M	ID	2/2	Required	1
ISA06	I06	<b>Interchange Sender ID</b> <b>Description:</b> Identification code published by the Sender for other parties to use as the Receiver ID to route data to them; the Sender always codes this value in the Sender ID element. <b>MEDI-CAL NOTE: Provider Number plus</b>	M	AN	15/15	Required	1

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		<b>Other Intermediary Code (OI), left justify and pad with spaces. OI Codes: Spaces for Medi-Cal Providers, 00 for Delta Dental, First 2 digits of OI PIN for OI Providers.</b>					
ISA07	I05	<b>Interchange ID Qualifier</b> <b>Description:</b> Qualifier to designate the system/method of code structure used to designate the Receiver ID element being qualified. This ID qualifies the Receiver in ISA08.	M	ID	2/2	Required	1
		<b>Code Name</b> ZZ Mutually Defined					
ISA08	I07	<b>Interchange Receiver ID</b> <b>Description:</b> Identification code published by the Receiver of the data; When sending, it is used by the Sender as their Receiving ID, thus other parties sending to them will use this as a Receiving ID to route data to them.	M	AN	15/15	Required	1
		<b>MEDI-CAL NOTE: '610442EDS214', left justify and pad with spaces. This is the ETIN + "EDS" + Routing Code. The Routing Code can be: 214 = Production, 213 = Vendor Software Validation, or 211 = System Test.</b>					
ISA09	I08	<b>Interchange Date</b> <b>Description:</b> Date of the interchange inquiry.	M	DT	6/6	Required	1
		<b>MEDI-CAL NOTE: Date in YYMMDD format.</b>					
ISA10	I09	<b>Interchange Time</b> <b>Description:</b> Time of the interchange inquiry.	M	TM	4/4	Required	1
		<b>MEDI-CAL NOTE: Time in HHMM format.</b>					
ISA11	I10	<b>Interchange Control Standards Identifier</b> <b>Description:</b> Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer.	M	ID	1/1	Required	1
		<b>Code Name</b> U U.S. EDI Community of ASC X12, TDCC, and UCS					
ISA12	I11	<b>Interchange Control Version Number</b> <b>Description:</b> Code specifying the version number of the interchange control segments.	M	ID	5/5	Required	1
		<b>Code Name</b> 00401 Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997					
ISA13	I12	<b>Interchange Control Number</b> <b>Description:</b> A control number assigned by the interchange sender.	M	N9	9/9	Required	1
		<b>MEDI-CAL NOTE: A number, pad left with zeros. This number must be identical to IEA02.</b>					
ISA14	I13	<b>Acknowledgment Requested</b> <b>Description:</b> Code sent by the sender to request an interchange acknowledgment (TA1).	M	ID	1/1	Required	1
		<b>Code Name</b> 0 No Acknowledgment Requested					
ISA15	I14	<b>Usage Indicator</b> <b>Description:</b> Code to indicate whether data enclosed by this interchange envelope is test, production or information.	M	ID	1/1	Required	1
		<b>Code Name</b> P Production Data					

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
ISA16	I15	<b>Component Element Separator</b> <b>Description:</b> The component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator. <b>MEDI-CAL NOTE: '~' (used in this Guide). Note: You may use a Component Separator of your choice; however it can not be the same as the Data Element Separator or the Segment Terminator.</b>	M	AN	1/1	Required	1

# GS Functional Group Header

Pos: 020	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 8

User Option (Usage): Required

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

GS\*HS\*.....\*610442\*CCYYMMDD\*HHMMSSDD\*.....\*X\*004010X092(Hex'0D')

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
GS01	479	<b>Functional Identifier Code</b> <b>Description:</b> Code identifying a group of application related transaction sets.	M	ID	2/2	Required	1
		<b>Code Name</b> HS Eligibility, Coverage or Benefit Inquiry (270)					
GS02	142	<b>Application Sender's Code</b> <b>Description:</b> Code identifying party sending transmission; codes agreed to by trading partners. Use this code to identify the unit sending the information. <b>MEDI-CAL NOTE: Provider Number plus Other Intermediary Code (OI). OI Codes: Spaces for Medi-Cal Providers, 00 for Delta Dental, First 2 digits of OI PIN for OI Providers.</b>	M	AN	2/15	Required	1
GS03	124	<b>Application Receiver's Code</b> <b>Description:</b> Code identifying party receiving transmission; codes agreed to by trading partners. Use this code to identify the unit receiving the information. <b>MEDI-CAL NOTE: '610442'.</b>	M	AN	2/15	Required	1
GS04	373	<b>Date</b> <b>Description:</b> Use this date for the functional group creation date. <b>MEDI-CAL NOTE: Date in CCYYMMDD format.</b>	M	DT	8/8	Required	1
GS05	337	<b>Time</b> <b>Description:</b> Time expressed in 24-hour clock time as follows: HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99). Use this time for the creation time. <b>MEDI-CAL NOTE: Time in HHMMSSDD format.</b>	M	TM	8/8	Required	1
GS06	28	<b>Group Control Number</b> <b>Description:</b> Assigned number originated and maintained by the sender. <b>MEDI-CAL NOTE: A number, pad left with zeros. This number must be identical to GE02.</b>	M	N9	9/9	Required	1
GS07	455	<b>Responsible Agency Code</b> <b>Description:</b> Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480. <b>MEDI-CAL NOTE: 'X'.</b>	M	ID	1/2	Required	1
		<b>Code Name</b> X Accredited Standards Committee X12					
GS08	480	<b>Version / Release / Industry Identifier Code</b> <b>Description:</b> Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE	M	ID	1/12	Required	1



<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user).					
		<b>MEDI-CAL NOTE: '004010X092'.</b>					
		<b><u>Code</u></b>		<b><u>Name</u></b>			
		004010X092		Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.			

# ST Transaction Set Header

Pos: 030	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.  
ST\*270\*.....(Hex'0D')

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
ST01	143	<b>Transaction Set Identifier Code</b> <b>Description:</b> Code uniquely identifying a Transaction Set. <b>Code Name</b> 270 Eligibility, Coverage or Benefit Inquiry	M	ID	3/3	Required	1
ST02	329	<b>Transaction Set Control Number</b> <b>Description:</b> Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. <b>MEDI-CAL NOTE: A number, pad left with zeros. This number must be identical to SE02.</b>	M	N9	9/9	Required	1

# BHT Beginning of Hierarchical Transaction

Pos: 040 Max: 1  
Heading - Mandatory  
Loop: N/A Elements: 6

User Option (Usage): Required

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

BHT\*0022\*01\*.....\*CCYYMMDD\*HHMMSSDD\*RT

BHT\*0022\*13\*.....\*CCYYMMDD\*HHMMSSDD\*RT(Hex'0D')

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
BHT01	1005	<b>Hierarchical Structure Code</b> <b>Description:</b> Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set. <b>Code Name</b> 0022 Information Source, Information Receiver, Subscriber, Dependent	M	ID	4/4	Required	1
BHT02	353	<b>Transaction Set Purpose Code</b> <b>Description:</b> Code identifying purpose of transaction set. <b>Code Name</b> 01 Cancellation 13 Request	M	ID	2/2	Required	1
BHT03	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.	O	AN	1/30	Situational	1
BHT04	373	<b>Date</b> <b>Description:</b> Use this date for the date the transaction was generated. <b>MEDI-CAL NOTE: Date in CCYYMMDD format.</b>	O	DT	8/8	Situational	1
BHT05	337	<b>Time</b> <b>Description:</b> Time expressed in 24-hour clock time as follows: HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99). <b>MEDI-CAL NOTE: Time in HHMMSSDD format.</b>	O	TM	8/8	Situational	1
BHT06	640	<b>Transaction Type Code</b> <b>Description:</b> Code specifying the type of transaction. <b>Code Name</b> RT Spend Down	M	ID	2/2	Required	1

# Loop 2000

Pos: 050	Repeat: 3
Mandatory	
Loop: 2000	Elements:
	N/A

## MEDI-CAL NOTE:

Process the HL Segment of the 2000 Loop once for the Source-2000A. For the Provider-2000B process the HL Segment of the 2000 Loop once. Then for the Subscriber-2000C process the entire 2000 Loop.

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
060	HL	Hierarchical Level	M	1		Required
070	TRN	Trace	O	2		Situational
080		Loop 2100	M		1	Required

# HL Hierarchical Level

Pos: 060	Max: 1
Detail - Mandatory	
Loop: 2000	Elements: 4

User Option (Usage): Required

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

First loop (Source) example:

HL\*1\*\*20\*1(Hex'0D')

Second loop (Provider) example:

HL\*2\*1\*21\*1(Hex'0D')

Third loop (Subscriber) example:

HL\*3\*2\*22\*0(Hex'0D')

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
HL01	628	<b>Hierarchical ID Number</b> <b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. <b>MEDI-CAL NOTE:</b> '1' if HL03 = 20, '2' if HL03 = 21, or '3' if HL03 = 22.	M	AN	1/12	Required	1
HL02	734	<b>Hierarchical Parent ID Number</b> <b>Description:</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to. <b>MEDI-CAL NOTE:</b> When HL03 = 20 skip this data-element (replace with a Data Element Separator), otherwise: '1' if HL03 = 21, or '2' if HL03 = 22.	O	AN	1/12	Situational	1
HL03	735	<b>Hierarchical Level Code</b> <b>Description:</b> Code defining the characteristic of a level in a hierarchical structure. <b>Code Name</b> 20 Information Source <b>Description:</b> Identifies the payor, maintainer, or source of the information. 21 Information Receiver <b>Description:</b> Identifies the provider or party(ies) who are the recipient(s) of the information. 22 Subscriber <b>Description:</b> Identifies the employee or group member who is covered for insurance and to whom, or on behalf of whom, the insurer agrees to pay benefits.	M	ID	1/2	Required	1
HL04	736	<b>Hierarchical Child Code</b> <b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described. <b>MEDI-CAL NOTE:</b> '1' if HL03 = 20 or 21, '0' if HL03 = 22. <b>Code Name</b> 0 No Subordinate HL Segment in This Hierarchical Structure. 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.	O	ID	1/1	Situational	1

# TRN Trace

Pos: 070	Max: 2
Detail - Optional	
Loop: 2000	Elements: 4

User Option (Usage): Situational

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

TRN\*1\*.....\*1.....\*(Hex'0D')

TRN\*1\*.....\*3.....\*(Hex'0D')

TRN\*1\*.....\*9.....\*(Hex'0D')

## MEDI-CAL NOTE:

This segment is used only for the third occurrence for of the 2000 loop for the Subscriber, and it can occur 2 times.

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
TRN01	481	<b>Trace Type Code</b> <b>Description:</b> Code identifying which transaction is being referenced. <b>Code Name</b> 1 Current Transaction Trace Numbers	M	ID	1/2	Required	1
TRN02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. <b>MEDI-CAL NOTE: Provider Trace Number or the Clearinghouse Trace Number.</b>	M	AN	1/30	Required	1
TRN03	509	<b>Originating Company Identifier</b> <b>Description:</b> A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9. <b>MEDI-CAL NOTE: '1' or '3' or '9', followed by a nine-digit number.</b>	O	AN	10/10	Situational	1
TRN04	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. <b>Industry: Trace Assigning Entity Additional Identifier</b>	O	AN	1/30	Situational	1

# Loop 2100

Pos: 080	Repeat: 1
	Mandatory
Loop: 2100	Elements:
	N/A

## MEDI-CAL NOTE:

Process the NM1 Segment of the 2100 Loop once for the Source-2100A. For the Provider-2100B process the NM1 Segment of the 2100 Loop once. Then for the Subscriber-2100C process the entire 2100 Loop.

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
090	NM1	Individual or Organizational Name	M	1		Required
100	REF	Reference Identification	O	9		Situational
110	DMG	Demographic Information	O	1		Situational
120	DTP	Date or Time or Period	O	2		Situational
130		Loop 2110	O		1	Situational

# NM1 Individual or Organizational Name

Pos: 090 Max: 1  
Detail - Mandatory  
Loop: 2100 Elements: 5

User Option (Usage): Required

## Syntax:

1. P0809 - If either NM108, NM109 is present, then all are required

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

NM1\*PR\*2\*Medi-Cal\*\*\*\*\*46\*610442(Hex'0D')

NM1\*1P\*1\*\*\*\*\*SV\*.....(Hex'0D')

NM1 \*1P\*2\*\*\*\*\*SV\*.....(Hex'0D')

NM1\*IL\*1\*\*\*\*\*MI\*.....(Hex'0D')

## MEDI-CAL NOTE:

No data element separator (\*\*) is needed for 'trailing' data-elements.

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual. <b>Code Name</b> 1P Provider IL Insured or Subscriber PR Payer	M	ID	2/3	Required	1
NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity. <b>MEDI-CAL NOTE:</b> '1' when NM101 = IL, or '2' when NM101 = PR. When NM101 = 1P: '1' for Person when the provider is doing business as a sole proprietor, otherwise '2' for non-person entity. <b>Code Name</b> 1 Person 2 Non-Person Entity	M	ID	1/1	Required	1
NM103	1035	<b>Name Last or Organization Name</b> <b>Description:</b> Individual last name or organizational name. <b>MEDI-CAL NOTE:</b> 'MEDI-CAL' only when NM101 = PR, otherwise replace this data-element with a Data Element Separator when NM101 = 1P or IL, and when an NM108 or NM109 follows.	O	AN	1/8	Situational	1
NM108	66	<b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67). <b>MEDI-CAL NOTE:</b> '46' when NM101 = PR, or 'SV' when NM101 = 1P, or 'MI' when NM101 = IL. <b>Code Name</b> 46 Electronic Transmitter Identification Number (ETIN) <b>Description:</b> A unique number assigned to each transmitter and software developer. MI Member Identification Number SV Service Provider Number	M	ID	1/2	Required	1
NM109	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code. <b>MEDI-CAL NOTE:</b> '610442' when NM108 = 46, or Provider Number plus Other Intermediary when NM108 = SV. When NM108 = MI: Subscriber (Recipient) Medi-Cal ID Number, or whatever is used as the Primary ID Number. Do not	M	AN	2/15	Required	1



<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		duplicate this in REF02.					
		<u>ExternalCodeList</u>					
		Name: 537					
		Description: Health Care Financing Administration National Provider Identifier					

# REF Reference Identification

Pos: 100	Max: 9
Detail - Optional	
Loop: 2100	Elements: 2

User Option (Usage): Situational

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

REF\*A6\*.....(Hex'0D')

## MEDI-CAL NOTE:

This segment is used only for the third occurrence of the 2100 loop for the Subscriber.

This Segment can occur 9 times.

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification. <b>MEDI-CAL NOTE: Do not use the same identifier entered in NM109 of loop 2100-Subscriber.</b>	M	ID	2/3	Required	1
		<b>Code Name</b>					
	18	Plan Number <b>Description:</b> The unique identification number assigned for a defined contribution plan					
	1L	Group or Policy Number					
	1W	Member Identification Number					
	3H	Case Number <b>MEDI-CAL NOTE:</b> <b>We need to use '3H' even though it is not in the Implementation Guide, but it is in the ASCX12 Standards for Data Element 128.</b>					
	6P	Group Number					
	A6	Employee Identification Number					
	EA	Medical Record Identification Number <b>Description:</b> A unique number assigned to each patient by the provider of service (hospital) to assist in retrieval of medical records.					
	EJ	Patient Account Number <b>Description:</b> A unique number assigned to each patient by the provider of service to facilitate retrieval of individual case records tracking of claims submitted to a payer and posting of payment.					
	IG	Insurance Policy Number					
	N6	Plan Network Identification Number <b>Description:</b> A number assigned to identify a specific health care network that provides health care services to insured members					
	NQ	Medicaid Subscriber Identification Number <b>Description:</b> Unique identification number assigned to each member covered under a subscriber's contract.					
	SY	Social Security Number					
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. <b>Industry: Supplemental Identifier</b> <b>MEDI-CAL NOTE: Do not use the same number entered in NM109 of loop 2100-Subscriber. Case # when REF01 = 3H.</b>	M	AN	1/30	Required	1

# DMG Demographic Information

Pos: 110	Max: 1
Detail - Optional	
Loop: 2100	Elements: 2

User Option (Usage): Situational

## Syntax:

1. P0102 - If either DMG01,DMG02 is present, then all are required

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

DMG\*D8\*CCYYMMDD(Hex'0D')

## MEDI-CAL NOTE:

This segment is used only for the third occurrence of the 2100 loop for the Subscriber.

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DMG01	1250	<b>Date Time Period Format Qualifier</b> <b>Description:</b> Code indicating the date format, time format, or date and time format. <b>Code Name</b> D8 Date Expressed in Format CCYYMMDD	O	ID	2/3	Situational	1
DMG02	1251	<b>Date Time Period</b> <b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times. <b>Industry: Subscriber Birth Date</b> <b>MEDI-CAL NOTE: Subscriber Birth Date in CCYYMMDD format.</b>	O	DT	8/8	Situational	1

# DTP Date or Time or Period

Pos: 120	Max: 2
Detail - Optional	
Loop: 2100	Elements: 3

User Option (Usage): Situational

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

DTP\*102\*D8\*CCYYMMDD(Hex'0D')

DTP\*472\*D8\*CCYYMMDD(Hex'0D')

## MEDI-CAL NOTE:

This segment is used only for the third occurrence of the 2100 loop for the Subscriber, and it can occur 2 times.

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	<b>Date/Time Qualifier</b> <b>Description:</b> Code specifying type of date or time, or both date and time. <b>Code Name</b> 102 Issue 472 Service	M	ID	3/3	Required	1
DTP02	1250	<b>Date Time Period Format Qualifier</b> <b>Description:</b> Code indicating the date format, time format, or date and time format. <b>Code Name</b> D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required	1
DTP03	1251	<b>Date Time Period</b> <b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times. <b>MEDI-CAL NOTE:</b> Issue Date of Subscriber's ID Card when DTP = 102, or Service Date when DTP = 472, in CCYYMMDD format.	M	DT	8/8	Required	1

# Loop 2110

Pos: 130	Repeat: 1
Optional	
Loop: 2110	Elements:
	N/A

## MEDI-CAL NOTE:

Process all the Segments in this 2110 Loop once, and only for the Subscriber-2110C.

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
140	EQ	Eligibility or Benefit Inquiry	O	1		Situational
150	AMT	Monetary Amount	O	2		Situational

# EQ Eligibility or Benefit Inquiry

Pos: 140 Max: 1  
Detail - Optional  
Loop: 2110 Elements: 1

User Option (Usage): Situational

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

EQ\*\*CJ\*(Hex'0D')

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
EQ02	C003	<b>Composite Medical Procedure Identifier</b> <b>Description:</b> To identify a medical procedure by its standardized codes and applicable modifiers. <b>MEDI-CAL NOTE: Always enter a code here. This Data Element used ONLY for SOC/R &amp; MS/R.</b>	O	Comp		Situational	1
	235	<b>Product/Service ID Qualifier</b> <b>Description:</b> Code identifying the type/source of the descriptive number used in Product/Service ID (234). <b>Code Name</b> CJ Current Procedural Terminology (CPT) Codes <b>Description:</b> Published by the AMA. It is a listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians; the uniform language accurately designates medical, surgical, and diagnostic services, and thereby provides reliable communications among physicians, patients, and payers. HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes <b>Description:</b> HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory surgical and other diagnostic departments. ID International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure <b>Description:</b> The International Classification of Diseases, Clinical Modification, is designated for the classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations, for data storage and retrieval; this is a procedure code. IV Home Infusion EDI Coalition (HIEC) Product/Service Code ND National Drug Code (NDC) ZZ Mutually Defined	M	ID	2/2	Required	1
	234	<b>Product/Service ID</b> <b>Description:</b> Identifying number for a product or service.	M	AN	1/48	Required	1
	1339	<b>Procedure Modifier</b> <b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners. <b>MEDI-CAL NOTE: You may enter a code, and use component separators.</b>	O	AN	2/2	Situational	1
	1339	<b>Procedure Modifier</b> <b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners. <b>MEDI-CAL NOTE: You may enter a code, and use component separators.</b>	O	AN	2/2	Situational	1
	1339	<b>Procedure Modifier</b> <b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners. <b>MEDI-CAL NOTE: You may enter a code, and use component separators.</b>	O	AN	2/2	Situational	1
	1339	<b>Procedure Modifier</b> <b>Description:</b> This identifies special circumstances related to the performance	O	AN	2/2	Situational	1

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		of the service, as defined by trading partners.					
		<b>MEDI-CAL NOTE: You may enter a code, and use component separators.</b>					

# AMT Monetary Amount

Pos: 150	Max: 2
Detail - Optional	
Loop: 2110	Elements: 2

User Option (Usage): Situational

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

AMT\*R\*44.00(Hex'0D')

AMT\*PB\*643.00(Hex'0D')

## MEDI-CAL NOTE:

This Segment repeats twice, and is in compliance with the ASCX12 4010 Standards.

This Segment can occur 2 times.

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AMT01	522	<b>Amount Qualifier Code</b>	M	ID	1/3	Required	1
		<b>Description:</b> Code to qualify amount.					
		<b>MEDI-CAL NOTE:</b> A dollar amount.					
		<b>Code Name</b>					
		R Spend Down					
		<b>Description:</b> Amount that the Subscriber is applying towards the amount the Subscriber is responsible for paying each month prior to being eligible for Medicaid services.					
		PB Billed Amount					
		<b>Description:</b> Total amount due on the period bill.					
		<b>MEDI-CAL NOTE:</b>					
		<b>We need to use 'PB' even though it is not in the Implementation Guide, but it is in the ASCX12 Standards for Data Element 522.</b>					
AMT02	782	<b>Monetary Amount</b>	M	R	1/7	Required	1
		<b>Description:</b> Monetary amount, in whole dollars.					
		<b>MEDI-CAL NOTE:</b> Use an explicit decimal point when expressing cents.					



# SE Transaction Set Trailer

Pos: 170	Max: 1
Summary - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

SE\*.....\*(Hex'0D')

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
SE01	96	<b>Number of Included Segments</b> <b>Description:</b> Total number of segments included in a transaction set including ST and SE segments.	M	N9	1/10	Required	1
SE02	329	<b>Industry: Transaction Segment Count</b> <b>Transaction Set Control Number</b> <b>Description:</b> Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. <b>MEDI-CAL NOTE:</b> A number, pad left with zeros. This number must be identical to ST02.	M	N9	9/9	Required	1

# GE Functional Group Trailer

Pos: 180	Max: 1
Summary - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

GE\*1\*.....(Hex'0D')

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
GE01	97	<b>Number of Transaction Sets Included</b> <b>Description:</b> Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element.	M	N6	1/6	Required	1
GE02	28	<b>MEDI-CAL NOTE: '1'.</b> <b>Group Control Number</b> <b>Description:</b> Assigned number originated and maintained by the sender. <b>MEDI-CAL NOTE: A number, pad left with zeros. This number must be identical to GS06.</b>	M	N9	9/9	Required	1

# IEA Interchange Control Trailer

Pos: 190	Max: 1
Summary - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

IEA\*2\*.....(Hex'0D')

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
IEA01	I16	<b>Number of Included Functional Groups</b> <b>Description:</b> A count of the number of functional groups included in an interchange/ <b>MEDI-CAL NOTE: '1'.</b>	M	N5	1/5	Required	1
IEA02	I12	<b>Interchange Control Number</b> <b>Description:</b> A control number assigned by the interchange sender. <b>MEDI-CAL NOTE: A number, pad left with zeros. This number must be identical to ISA13.</b>	M	N9	9/9	Required	1

# Appendix

## All Included Elements in All Included Segments

<u><b>Id</b></u>	<u><b>Elements</b></u>	<u><b>Used in Segments</b></u>
C001	Composite Unit of Measure	III
C003	Composite Medical Procedure Identifier	EQ
C035	Provider Specialty Information	PRV
I01	Authorization Information Qualifier	IEA, ISA, TA1
19	City Name	INS, N4
22	Commodity Code	PDP
23	Commodity Code Qualifier	PDP
26	Country Code	INS, N4
28	Group Control Number	GE, GS
66	Identification Code Qualifier	NM1
67	Identification Code	NM1
82	Length	VEH
93	Name	N2, PER
96	Number of Included Segments	SE
97	Number of Transaction Sets Included	GE
98	Entity Identifier Code	NM1
116	Postal Code	N4
124	Application Receiver's Code	GS
127	Reference Identification	BHT, PRV, REF, TRN, VEH
128	Reference Identification Qualifier	PRV, REF
142	Application Sender's Code	GS
143	Transaction Set Identifier Code	ST
156	State or Province Code	INS, N4, PRV, VEH
166	Address Information	N3
234	Product/Service ID	EQ
235	Product/Service ID Qualifier	EQ
306	Action Code	VEH
309	Location Qualifier	N4
310	Location Identifier	N4, VEH
329	Transaction Set Control Number	SE, ST
337	Time	BHT, GS
353	Transaction Set Purpose Code	BHT
355	Unit or Basis for Measurement Code	III
364	Communication Number	PER
365	Communication Number Qualifier	PER
366	Contact Function Code	PER
373	Date	BHT, GS
374	Date/Time Qualifier	DTP
380	Quantity	III
443	Contact Inquiry Reference	PER
455	Responsible Agency Code	GS
479	Functional Identifier Code	GS
480	Version / Release / Industry Identifier Code	GS
481	Trace Type Code	TRN
509	Originating Company Identifier	TRN
522	Amount Qualifier Code	AMT
539	Vehicle Identification Number	VEH
554	Assigned Number	VEH
559	Agency Qualifier Code	PRV, VEH
584	Employment Status Code	INS
610	Amount	VEH
628	Hierarchical ID Number	HL
640	Transaction Type Code	BHT
649	Multiplier	III
689	Occupancy Code	PDR
734	Hierarchical Parent ID Number	HL
735	Hierarchical Level Code	HL
736	Hierarchical Child Code	HL
751	Product Description Code	VEH
752	Surface/Layer/Position Code	III
782	Monetary Amount	AMT
875	Maintenance Type Code	INS
933	Free-Form Message Text	III
1005	Hierarchical Structure Code	BHT
1018	Exponent	III

<b><u>Id</u></b>	<b><u>Elements</u></b>	<b><u>Used in Segments</u></b>
1035	Name Last or Organization Name	NM1
1065	Entity Type Qualifier	NM1
1069	Individual Relationship Code	INS
1073	Yes/No Condition or Response Code	INS, PRV, VEH
1074	Type of Real Estate Asset Code	PDR
1095	Year	VEH
1136	Code Category	III
1165	Confidentiality Code	INS
1188	Type of Personal or Business Asset Code	PDP
1203	Maintenance Reason Code	INS
1216	Benefit Status Code	INS
1218	Medicare Plan Code	INS
1219	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code	INS
1220	Student Status Code	INS
1221	Provider Code	PRV
1222	Provider Specialty Code	PRV
1223	Provider Organization Code	PRV
1250	Date Time Period Format Qualifier	DMG, DTP, INS
1251	Date Time Period	DMG, DTP, INS
1270	Code List Qualifier Code	III, PDR
1271	Industry Code	III, PDR
1339	Procedure Modifier	EQ
1470	Number	INS